

# Smallpox Case Investigation (Form 1A)

STATE    Case Report #

<b>Patient Information</b>		1. DATE OF CASE INTERVIEW: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year
2. NAME OF PERSON FILING THIS CASE: Last: _____ First: _____		
3. PATIENT'S NAME: Last: _____ First: _____ Middle Name: _____ Suffix: _____ Nickname: _____		
4. DATE OF BIRTH: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year	5. AGE: _____	6. GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female
7. RACE: Mark all that apply: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American/Alaskan <input type="checkbox"/> Other, Please Specify: _____		8. ETHNICITY: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
9. HOME ADDRESS: _____ Street Address, Apt No. City State Zip Code		
10. TELEPHONE: Home: <input type="text"/> <input type="text"/> Area Code Number	Work: <input type="text"/> <input type="text"/> Area Code Number	Other: <input type="text"/> <input type="text"/> Area Code Number
11. INTERVIEW LANGUAGE: _____		12. COUNTRY OF BIRTH: _____
13. INFORMATION PROVIDED BY: <input type="checkbox"/> Case <input type="checkbox"/> Household Member <input type="checkbox"/> Other Family Member <input type="checkbox"/> Other (Specify): _____ IF NOT CASE, NAME: Last: _____ First: _____ Middle Initial: _____ TELEPHONE: Home: <input type="text"/> <input type="text"/> Area Code Number Work: <input type="text"/> <input type="text"/> Area Code Number		
14. ADMITTED TO HOSPITAL? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		IF YES, DATE OF ADMISSION: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year
HOSPITAL NAME: _____ City State		MEDICAL RECORD #: _____
<b>Vaccine and Medical History</b>		
15. SMALLPOX VACCINATION PRIOR TO OUTBREAK? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Note: Routine childhood smallpox vaccinations stopped in the United States in 1971; however, health care workers were vaccinated until the late 1970s and new military recruits not previously vaccinated were vaccinated until 1990. DATE OF LAST VACCINATION: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year OR AGE AT VACCINATION: _____		
16. IS A SMALLPOX VACCINATION SCAR PRESENT? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Note: This may be confused with BCG scars in immigrants.		
17. SMALLPOX VACCINATION DURING THIS OUTBREAK? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown DATE OF VACCINATION: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year		
18. VACCINATION RECORD: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. VACCINE "TAKE" RECORDED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
20. HISTORY OF VARICELLA DISEASE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
21. HISTORY OF VARICELLA VACCINATION? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown VACCINE DATE, IF KNOWN: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Note: Varicella vaccine available in 1995. Month Day Year		
22. PRE-EXISTING IMMUNOCOMPROMISING MEDICAL CONDITIONS, INCLUDING LEUKEMIA, OTHER CANCERS, HIV/AIDS? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown IF YES, PLEASE SPECIFY: _____		
23. FOR FEMALES OF 15-44 YEARS OF AGE, PREGNANT? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
24. DURING THE PAST MONTH, ANY PRESCRIBED IMMUNOCOMPROMISING/IMMUNOMODULATING MEDICATIONS INCLUDING STEROIDS? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown IF YES, PLEASE SPECIFY: _____ FOR WHAT MEDICAL CONDITION? _____		

# Smallpox Case Investigation Supplementary (Form 1B)

STATE	

Case Report # \_\_\_\_\_

<b>Patient Information</b>		1. DATE OF FOLLOW-UP: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>Month</td><td>Day</td><td colspan="4">Year</td></tr></table>							Month	Day	Year			
Month	Day	Year												
2. NAME OF PERSON FILING THIS CASE: Last: _____ First: _____ Middle Initial: _____														
3. PATIENT'S NAME: Last: _____ First: _____ Middle Name: _____ Suffix: _____ Nickname: _____														
4. ADMITTED TO 2 <sup>ND</sup> HOSPITAL OR ISOLATION SITE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		IF YES, DATE OF ADMISSION: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>Month</td><td>Day</td><td colspan="4">Year</td></tr></table>							Month	Day	Year			
Month	Day	Year												
HOSPITAL NAME: _____ City _____ State _____														
2 <sup>ND</sup> HOSPITAL MEDICAL RECORD #: _____														

<b>Clinical Course</b>			
5. SMALLPOX TYPES*: RASH (MOST SEVERE STAGE):			
<input type="checkbox"/> Ordinary Type:	<input type="checkbox"/> Confluent – Face and other site	<input type="checkbox"/> Semi-confluent – Face only	<input type="checkbox"/> Discrete lesions
<input type="checkbox"/> Modified Type			
<input type="checkbox"/> Flat Type			
<input type="checkbox"/> Hemorrhagic Type:	<input type="checkbox"/> Early	<input type="checkbox"/> Late	
*Ordinary type: Confluent Semi-confluent Discrete	Raised, pustular lesions with 3 sub-types: Confluent rash on face and forearms Confluent rash on face, discrete elsewhere Areas of normal skin between pustules, even on face	Flat type: Hemorrhagic type: Early Late	Pustules remain flat; usually confluent or semi-confluent, usually fatal Widespread hemorrhages in skin and mucous membranes With purpuric rash, always fatal With hemorrhage into base pustules, usually fatal
Modified type:	Like ordinary type but with an accelerated course		

6. DATE LAST SCAB FELL OFF: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>Month</td><td>Day</td><td colspan="4">Year</td></tr></table>										Month	Day	Year			
Month	Day	Year													
7. COMPLICATIONS (Check all that apply).															
Skin Secondary bacterial infection:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown												
Ocular corneal ulcer or keratitis:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown												
CNS encephalitis:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown												
Respiratory: <input type="checkbox"/> Bronchitis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown												
Respiratory: <input type="checkbox"/> Pneumonia	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown												
Joint/Bones: <input type="checkbox"/> Arthralgia	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown												
Joint/Bones: <input type="checkbox"/> Osteitis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown												
Hemorrhagic:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown												
Shock:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown												
Other, please specify: _____															
8. ANTIVIRAL MEDICATION: CIDOFOVIR <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown															
OTHER ANTIVIRAL MEDICATIONS, SPECIFY: _____															
9. SMALLPOX VACCINATION HISTORY															
WAS THE CASE VACCINATED SINCE THE COMPLETION OF FORM 1A?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown												
DATE: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>Month</td><td>Day</td><td colspan="4">Year</td></tr></table>							Month	Day	Year				VACCINE "TAKE" RECORDED AT 7 DAYS? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Month	Day	Year													

<b>Clinical Course Disposition</b>															
10. DATE OF HOSPITAL DISCHARGE: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>Month</td><td>Day</td><td colspan="4">Year</td></tr></table>										Month	Day	Year			
Month	Day	Year													
COMPLICATIONS AT DISCHARGE: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown															
IF YES, PLEASE SPECIFY: _____															

<b>Current Illness</b>	25. DATE OF CASE INTERVIEW: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year
26. HAVE YOU HAD A FEVER AS PART OF THIS ILLNESS? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown IF YES, DATE OF ONSET OF FEVER: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year	
DID YOU MEASURE YOUR TEMPERATURE WITH A THERMOMETER: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
MAXIMUM FEVER TEMPERATURE TO DATE: _____ F / C	
DATE OF MAXIMUM FEVER: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year	
IF TEMPERATURE NOT MEASURED, DESCRIBE: <input type="checkbox"/> Very Hot <input type="checkbox"/> Hot <input type="checkbox"/> Warm <input type="checkbox"/> Unknown	
27. DATE OF RASH ONSET: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year	28. COUGH PRIOR TO RASH ONSET: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
29. DATE OF COUGH ONSET: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year	30. COUGH WITH RASH: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
31. OTHER SYMPTOMS PRIOR TO RASH ONSET: (CHECK ALL THAT APPLY)	
Headache: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown      Backache: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Chills: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown      Vomiting: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Other, Specify: _____	
32. TYPE OF LESIONS ON THE DATE OF 1 <sup>ST</sup> CASE INTERVIEW:	
<input type="checkbox"/> Papules <input type="checkbox"/> Vesicles	
<input type="checkbox"/> Pustules <input type="checkbox"/> Hemorrhagic	
<input type="checkbox"/> Scabs <input type="checkbox"/> Flat, confluent	
<input type="checkbox"/> Unknown	
33. DISTRIBUTION:	
<input type="checkbox"/> Generalized, predominantly face and distal extremities (centrifugal)	
<input type="checkbox"/> Generalized, predominantly trunk (centripetal)	
<input type="checkbox"/> Localized, not generalized	
<input type="checkbox"/> Other, specify: _____	
<b>Case Classification</b>	
34. IS THIS CASE LABORATORY-CONFIRMED: (SEE SMALLPOX CASE DEFINITION AND CLASSIFICATION BELOW) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending <input type="checkbox"/> Unknown	
IF YES, BY WHAT METHOD: _____	
35. IS THIS CASE EPIDEMIOLOGICALLY-LINKED TO A CONFIRMED OR PROBABLE CASE: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
IF YES, WHICH TYPE OF CASE: <input type="checkbox"/> Confirmed <input type="checkbox"/> Probable	
36. IS THIS CASE: <input type="checkbox"/> Confirmed <input type="checkbox"/> Probable <input type="checkbox"/> Suspect	

**Smallpox Case Definition and Classification**

**Clinical Case Definition:** An illness with acute onset of fever >101 F followed by a rash characterized by vesicles or firm pustules in the same stage of development without other apparent cause.

**Case Classification**

*Confirmed case* = A case that meets the above case definition and is laboratory confirmed.

*Probable case* = A case that meets the clinical case definition that is not laboratory confirmed but has an epidemiological link to another confirmed or probable case.

*Suspect case* = A case that meets the clinical case definition but is not laboratory confirmed and does not have an epidemiological link to a confirmed or probable case of smallpox, OR a case that has an atypical presentation that is not laboratory confirmed but has an epidemiological link to a confirmed or probable case of smallpox. Atypical presentations of smallpox include a) hemorrhagic and b) flat, velvety lesions not appearing as typical vesicles nor progressing pustules.

<b>DATA MANAGEMENT USE ONLY:</b>	
DATE ENTERED IN SYSTEM: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year	ENTERED BY (INITIALS): _____

**Clinical Course Disposition**

11. OUTCOME:  Survived  Died

12. DATE OF DEATH:        
Month Day Year

13. AUTOPSY PERFORMED:  Yes  No  Unknown

DATE:        
Month Day Year

14. SITE AUTOPSY PERFORMED: \_\_\_\_\_  
Site/Institute

\_\_\_\_\_ City \_\_\_\_\_ State

NAME OF PATHOLOGIST: \_\_\_\_\_

TELEPHONE:          
Area Code Number

**Laboratory Information**

15. LAB TESTING FOR SMALLPOX:  Yes  No  Unknown

Mark those that apply: DATE SPECIMEN TAKEN RESULT TYPE OF SPECIMEN\* (SKIN LESION, SEROLOGY, OTHER (SPECIFY))

PCR:	____/____/____	<input type="checkbox"/> Positive / <input type="checkbox"/> Negative / <input type="checkbox"/> Indeterminate	_____
Culture:	____/____/____	<input type="checkbox"/> Positive / <input type="checkbox"/> Negative / <input type="checkbox"/> Indeterminate	_____
Electronic Microscopy:	____/____/____	<input type="checkbox"/> Positive / <input type="checkbox"/> Negative / <input type="checkbox"/> Indeterminate	_____
IgM:	____/____/____	<input type="checkbox"/> Positive / <input type="checkbox"/> Negative / <input type="checkbox"/> Indeterminate	_____
IgG Acute:	____/____/____	<input type="checkbox"/> Positive / <input type="checkbox"/> Negative / <input type="checkbox"/> Indeterminate	_____
IgG Convalescent:	____/____/____	<input type="checkbox"/> Positive / <input type="checkbox"/> Negative / <input type="checkbox"/> Indeterminate	_____

16. FINAL CASE STATUS:  Confirmed  Probable  Suspect  Not Smallpox

17. LAB CONFIRMED?  Yes  No  Unknown

TYPE OF TEST: \_\_\_\_\_

IF NOT SMALLPOX, SPECIFY CORRECT DIAGNOSIS: \_\_\_\_\_

**Smallpox Case Definition and Classification**

**Clinical Case Definition:** An illness with acute onset of fever >101 F followed by a rash characterized by vesicles or firm pustules in the same stage of development without other apparent cause.

**Laboratory Criteria for Diagnosis\***

1. Isolation of smallpox (Variola) virus from a clinical specimen, or
2. Polymerase chain reaction (PCR) identification of variola DNA in a clinical specimen, or
3. Negative stain Electron microscopy (EM) identification of Variola virus in a clinical specimen

**Case Classification**

**Confirmed case** = A case that meets the above case definition and is laboratory confirmed.

**Probable case** = A case that meets the clinical case definition that is not laboratory confirmed but has an epidemiological link to another confirmed or probable case.

**Suspect case** = A case that meets the clinical case definition but is not laboratory confirmed and does not have an epidemiological link to a confirmed or probable case of smallpox, OR a case that has an atypical presentation that is not laboratory confirmed but has an epidemiological link to a confirmed or probable case of smallpox. Atypical presentations of smallpox include a) hemorrhagic and b) flat, velvety lesions not appearing as typical vesicles nor progressing pustules.

**DATA MANAGEMENT USE ONLY:**

DATE ENTERED IN SYSTEM:        
Month Day Year

ENTERED BY (INITIALS): \_\_\_\_\_